PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09645456

CLAIMS AS FILED - PART (Column 1)				(Column 2)			SMALL ENTITY TYPE		OR	OTHER THA		
TC	TAL CLAIMS		5					RATE	FEE		RATE	FEE
FO	R		NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS 5				ninus 20= *		9'		X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS 3 =				· Ø			X40=		OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2		TOTAL	355	OR	TOTAL	
CLAIMS AS AMENDED - PART											OTHER	
		(Column 1)		(Colu		(Column 3)	1 .	SMALL		OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
L	FIRST PRESE	NTATION OF M	JLTIPLE DEI	PENDEN	CLAIM			+135=		OR	+270=	
								TOTAL			TOTAL	
	•	(Column 1)		(Colu	mn 2)	(Column 3)		ADDIT. FEE			ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGI NUN PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· X	Minus	**		=		∕ X\$ 9=		QR	X \$18=	٨
	Independent	NTATION OF M	Minus DE	***	T CL AIM	= 00	-	X40= .	1	ØR)	/×80°=//	
	THIOTTREE	ATTACK OF W		ENDEN	OLA		j	+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	_					`
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 5	Minus	** (20_	= 8		X\$ 9=		OR	X\$18=	<i>;</i>
	Independent	* 3	Minus	***	3 TOLAIN		4	X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEE												
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/645456

Total Fee Calculation

	Fee Code	Total ≓ Claims	Number Extra	_X	Foc	F== =	Total			
	Smily.				Sm. Eattry	Lg. Eatin	1601			
Basic Filling Fee	201/101				345,00		**			
Total Clama >20 ् ्	203/103	-20 =		Х	<u>- 125</u> 08		345,00			
Independent Claims >3	202/102	; a		X		=				
Multi Dep Claim Present	204/104									
Suchuge	205/103									
Englisa Translation	130				<u>65,0</u> 5	=	65,00			
TOTAL FEE CALCULA	<u>TION</u>						4100			
Fees due upon filing ti	se applicatuos.									
Total Filing Fees Due	= 5	410,00								
Less Filing Fees Submi	itted - \$						•			
BALANCE DUE	= 5	P/0,00								
Office of Initial Patent E	examination									

FORM OPE-RAM-01 (Rev. 12/97)